

REVENUE SHARING FUNDS  
APPLICATION FOR FUNDING

The Placer County Board of Supervisors has actively promoted revenue sharing funding as a means to provide financial support for local events, fundraising, programs, supplies, improvements, and equipment needed to help non-profit and community based organizations. In approving the revenue sharing contributions, the Placer County Board of Supervisors finds that each and every approved contribution serves a public purpose by promoting the general welfare of the County and its inhabitants therefore a benefit results to the County.

Please complete, print and sign the application and include it with your letter of request.

Organization	EveryONE Matters Ministries	Telephone:	530-401-5469
Address Line 1	3031 Stanford Ranch Road #2-420	Fax Number:	
Address Line 2	Rocklin, CA 95765	Email:	cassie@everyonemattersministries
Website	everyonemattersministries.com		

Briefly describe the community benefit the organization, event, program or project provides:

Community  
Benefit

EMM supports the situationally homeless through our program utilizing RV's. We provide the RV, but also support through case management in order to help each household/family with financial literacy and savings, emotional support, spiritual support, and employment and income support. The goal is to have each household/family into permanent housing within one year of our program.

Briefly describe how funding will be utilized by listing what items will be purchased:

Funding utilized

Funding will be utilized to either purchase, maintenance, or renovate our current fleet of trailers. We are hoping to increase our program to be able to serve triple the amount of households within the coming years. Our goal in 2021 is to also be able to lease land to be able to house those who have trouble qualifying at RV parks, as this seems to be a growing problem. RV parks are increasingly full as well. Funding may be used for those purposes as well.

Has this organization received Revenue Sharing Funds in the past? ☒ Yes ☐ No

If yes, specify year(s), event and amount:

Years/Amounts 2020 \$1500 (2 payments)

I swear under penalty of perjury that the information supplied herein is true and correct.

APPLICANT NAME Cassie Leon

APPLICANT'S SIGNATURE

DATE 4/29/2021

Office Use Only

Date Received

BOS Agenda Meeting Date

Date Posted to Web

Amount Received

Date Removed From

Date funding check mailed

Prior Contributions